						Page 1 of 6	
STATE OF CALIFORNIA				1. Facility Permit Number:			
COLID W	ACILITIES PERM	LITIES PERMIT		36-AA-0044			
Name and Street Address of Facility: Phelan Solid Waste Disposal Facility County of San Bernardino Solid Waste Management Dept. Approximately 2 miles Northwest of Phelan		3. Name and Mailing Address of Operator:		4. Name and Mailing Address of Owner:			
		County of San Bernardino Solid Waste Management Dept. 222 E. Hospitality Ln. 2nd floor San Bernardino. CA 92415-0017		County of San Bernardino Solid Waste Management Dept. 222 E. Hospitality Ln. 2nd floor San Bernardino, CA 92415-0017			
. Specifications:							
Permitted Operations:	[1]	Composting Facility (mixed wastes) Composting Facility (yard waste) Landfill Disposal Site	[] Trans	[] Processing Facility [] Transfer Station [] Transformation Facility			
	[]	Material Recovery Facility	[] Other	•			
o. Permitted Hours/Days	S	:00am to 4:30pm - Monday throu ite closed Sunday, New Year's Da ay and Christmas Day			Labor Day, T	hankagiving	
z. Permitted Tons per Operating Day: Total:			al:	: Maximum daily loading 198 Tons/Day Average daily loading 90 Tons/Day			
Non-Hazardous - General Hazardous - Liquid Septic Waste Liazardous - Other (See Section 14 of Permit) Designated (See Section 14 of Permit) Hazardous (See Section 14 of Permit)			Any	Any within maximum daily loading total 198 Tons/Day [None] Tons/Day [None] Tons/Day [None] Tons/Day [None] Tons/Day			
d. Permitted Traffic Volum Outgoing vehicles with s		is			up to 5	<u>Uehicles/Day</u>	
e. Key Design Parameters							
	Total	Disposal Footprint	Transfer	MRF	Composting	Transformation	
'ermitted Area (in acres)	80	30	None	None	None	None	
Design Capacity		1.8 MILLION CUBIC YARDS	None	None	None	None	
Max. Elevation (Ft. MSL)		4190			· v2.		
Max. Depth (Ft. MSL) Estimated Closure Date		4050		-	- Ng	- La	
The permit is granted sol	on. The attach	ator named above, and is not tran ed permit findings and condition waste facilities permit.	nsferable. Up	on a change of opera parts of this permit	tor, the perm and superse	uit is subject de the	
6. Approval:				7. Enforcement Agency Name and Address: Dept. of Environmental Health Services - LEA County of San Bernardino			
Approving Officer Signatu		 		385 North Arrow San Bernardino.		60	
8. Received by CIWMB:				9. CIWMB Concurrence Date:			
nuary 17 , 1995				February 22 , 1995			
10. Permit Review Due Date:				11. Permit Issued Date:			
, 19				<u>March 30 . 1995</u>			